



TRINITY LUTHERAN CHURCH  
3016 WEST VINE STREET  
KISSIMMEE, FL 34741

# FAX

To:

John Darley

From:

Susan More

Date: 1/31/12

Number of Pages: 4 including cover

Phone: 407-847-4204

Fax: 407-847-9293

Remarks:

Dear John,

Please find following  
Step Up Commitment  
Form for 2010-2011 year.

Also, I included one of  
our payout forms that  
shows the 39 students  
we received funding for.

# Renewal / 2010-2011 STEP UP FOR STUDENTS SCHOOL COMMITMENT FORM (SCF)

## FOR SCHOOL USE ONLY

This form must be completed by a DOE-approved private school and returned to a Step Up For Students (SUFS) School Advocate within 15 days of the student's enrollment in the private school. Any forms that reach SUFS after this period has expired will result in the potential loss of a scholarship or reduced funding. This form may only be used AFTER the receipt of an award letter.

STUDENT Legal Name: Courtney A Chapman

Grade level: 7 Start Date: 8/23/10  
Student's first day of attendance 10-11  
Application #: 109984  
Internal Use Only

PARENT/GUARDIAN'S Name: Gina T Mitchell

Parent/Guardian's Address: 4157 Bald Eagle Drive

County: Osceola

City: Kissimmee

State: FL Zip: 34746

Parent/Guardian's Home Phone: 407-846-4324

Work Phone:

SCHOOL Name: Trinity Lutheran School

DOE School Number: 1044

Scholarship Program Contact: Susan More

Title:

County: Osceola

First Day of School's 2010-11 Academic Year: 8/23/2010

School Phone: (407) 847-5377

Fax: (407) 944-0805

**TUITION:** If the conditions of eligibility are successfully met, SUFS will distribute payment directly to the school for tuition, books & other fees up to the annual award as established by the State of Florida or the school's published rates (whichever is less) based on actual attendance following award. Scholarship checks MUST be endorsed by the parent prior to being deposited into a school account. No power of attorney shall be valid for this purpose. All other fees are to be paid by parent or guardian.

**School Conditions of Eligibility:** (All questions must be checked in the "YES" column for the student to qualify for funding.)

- | YES                                 | NO                       |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | I certify that the student's 2010-11 grade level is correctly stated above.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | I certify that the student IS NOT receiving funding from a McKay or other Florida Tax Credit Scholarship program.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | I certify that this student is physically attending school full-time and is not in any type of home-school program.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | I certify that a standardized test will be administered and the child's scores will be provided to DOE as required by law.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | I understand that I must submit an Exit Confirmation Form to SUFS within 5 business days of notification of a student's withdrawal in order to receive a final payment for the child and not adversely affect the child's eligibility. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | I certify this school has completed the annual DOE compliance requirements for participating scholarship schools and is compliant for the 2010-11 school year.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | I certify this school agrees to abide by all SUFS scholarship administration policies and procedures.  |

**ANNUAL Published T/F:** Tuition: \$ 4960 Books: \$ 575 Registration: \$  
Transportation: \$ Uniforms: \$ Testing: \$  
Other: \$ 180 Description of Other: Activity fee

**ANNUAL Discounted Fees (if applicable):** Tuition: \$ Books: \$ Registration: \$

I acknowledge that payments by SUFS are strictly contingent upon 1) the school and family meeting and maintaining the conditions of eligibility; 2) the family remaining current on all fees and additional tuition payments; 3) the child meeting attendance requirements.

I agree to report the default of school or parent eligibility to SUFS and provide SUFS access to supporting documentation for audit purposes.

**MY SIGNATURE CERTIFIES THAT THE ABOVE INFORMATION IS CORRECT AND I AGREE TO THE TERMS OUTLINED IN THIS FORM.**

  
Signature of Principal or Authorized School Representative

9/13/10  
Date

**PARENT CONDITIONS OF ELIGIBILITY:** I certify I have notified my child's public school district of my intent to use this scholarship if this is the child's first year on scholarship. I agree to abide by all SUFS Scholarship policies and procedures as stated in the Parent's Conditions of Eligibility and understand that failure to do so will result in loss of scholarship funding.

  
Signature of Parent/Legal Guardian Addressee on Award Letter

9/16/10  
Date

Return Completed Form to Step Up For Students by Fax or Mail:

Central FL: Fax 407-429-3801 \* Step Up For Students \* P.O. Box 780700, Orlando, FL 32878 \* Phone 407-702-2607  
NE FL: Fax 904-582-6518 \* Step Up For Students \* P.O. Box 54367, Jacksonville, FL 32245 \* Phone 904-362-2245  
SE FL: Fax 305-372-7088 \* Step Up For Students \* P.O. Box 1670, Tampa, FL 33601 \* Phone 813-258-2700 x 225  
SW FL: Fax 813-862-2325 \* Step Up For Students \* P.O. Box 1670, Tampa, FL 33601 \* Phone 813-258-2700 x 224



# STEP UP FOR STUDENTS

Providing scholarships to more than 33,000 underprivileged children in Florida

Third Distribution Scholarship Payments

Letter of Transmittal

February 22, 2011

Trinity Lutheran School

School Code:1044

Total Checks: 39

Total Amount: \$40,033.50

SIGN ONE COPY OF THIS REPORT AND RETURN BY MAIL. DO NOT FAX.

I have received the checks described below and have read and will abide by the enclosed check cashing policy.

Signature: S R le

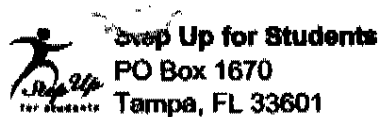
Print Name & Title: Susan R. More

Date: 2/25/11

Sign and Mail To:  
Step Up For Students  
Attn: Mona Reece  
1980 Wrenfield Lane  
Oviedo, FL 32755

#	Check Number	Student Name	Parent Name	Payment Amount
1	414879	Leekell J Buttry II	Louise Marie M Abel	1,026.50
2	414880	Emily E Brea	Johanny A Brea	1,026.50
3	414881	Robert A Brea	Johanny A Brea	1,026.50
4	414882	Paul P Cepeda	Ruth Cepeda	1,026.50
5	414883	Caitlyn E Chesley	Amy Chesley	1,026.50
6	414884	Josean M Cosme	Julyshams Diaz	1,026.50
7	414885	Jorge A Pitre	Julyshams Diaz	1,026.50
8	414886	Emily V Ramos	Laura I Dorado	1,026.50
9	414887	Madison Fini	Stephanie Fini	1,026.50
10	414888	Joshua J Hansen	Michael E Hansen	1,026.50
11	414889	Nicholas S Hansen	Michael E Hansen	1,026.50
12	414890	Hannah E Hatch	Vanessa L Hatch	1,026.50
13	414891	Amy M Hawkins	Maria A Hawkins	1,026.50
14	414892	Mark A Kirdman	Jacqueline I Hurtado	1,026.50
15	414893	Rony S Galarza	Carolyn Lopez	1,026.50
16	414894	Dake S Flores Martinez	Marilyn S Martinez	1,026.50
17	414895	Courtney A Chapman	Gina T Mitchell	1,026.50
18	414896	Jordan T Chapman	Gina T Mitchell	1,026.50
19	414897	Morgan P Chapman	Gina T Mitchell	1,026.50
20	414898	Camila Porfilio	Jacqueline T Molina	1,026.50
21	414899	Ivy W Moore	Amanda B Moore	1,026.50
22	414900	Ashley Prelewicz	Amanda B Moore	1,026.50
23	414901	Jovan Z Lara	Shaina N Ortiz	1,026.50
24	414902	Maria G Gonzalez Paz	Hilda L Paz Escobar	1,026.50
25	414903	Samantha M Peguero	Eric L Peguero	1,026.50
26	414904	Aaron D Perez	Carlos D Perez	1,026.50
27	414905	Brianna A A Perez	Marilyn D Perez	1,026.50
28	414906	Gerakline I Nieves	Maria A Reagan	1,026.50
29	414907	Aalisah Y Forde	Stherline Regis	1,026.50
30	414908	Aaliyah Y Forde	Stherline Regis	1,026.50

Continued on the next page...



Total Checks: 39  
Total Amount: 40033.5000

**Letter of Transmittal - Breakdown of Variable Fields and Origin**

#	Check Number	Student Name	Parent Name	Payment Amount
31	414909	Briana A Forde	Stherline Regis	1026.50
32	414910	Nathan T Forde	Stherline Regis	1026.50
33	414911	Jonize S Miras	Cheena D Rios	1026.50
34	414912	Garrett A Beaucejour	Guerdie St Hubert	1026.50
35	414913	Giordana A Beaucejour	Guerdie St Hubert	1026.50
36	414914	Gordon A Beaucejour	Guerdie St Hubert	1026.50
37	414915	Naira N Villard	Guerdie St Hubert	1026.50
38	414916	Jessica Varela	Mario A Varela	1026.50
39	414917	Samar M Wahieb	Mohannad T Wahieb	1026.50